P11319US P171

Nixon & Vanderhye P.C. (10/99) (Domestic Non-Assigned/Foreign) Page 1

## RULE 63 (37 C.F.R. 1.63) INVENTORS DECLARATION FOR PATENT APPLICATION IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TESTING COMPLIANCE OF A DEVICE WITH A BUS PROTOCOL

			ANGE OF A DEVICE V	MITA BUS PROTUCUL	
	cification of which (check sattached hereto	applicable box(s)):			
	s attached hereto vas filed on		as U.S. Application	on Serial No.	(Atty Dkt. No )
_	vas filed as PCT Internatio	nal application No.		on	
	applicable to U.S. or PCT	· · · —	i on		
I hereby amendr 37 C.F. below a priority Priority Applica 011119 010928 I hereby application of the priority application of the priority application of the priority application of the priority amendment of the priority amendme	y state that I have reviewed ment referred to above. I a R. 1.56. I hereby claim found have also identified be is claimed or, if no priority Foreign Application(s): ation Number 15.4 3.2  y claim the benefit under 3 ation Number  y claim the benefit under 3 matter of each of the claim	d and understand the con acknowledge the duty to design priority benefits und low any foreign application is claimed, before the filling 5 U.S.C. §119(e) of any to 5 U.S.C. 120/365 of all prins of this application is no	tents of the above identification while a 35 U.S.C. 119/365 of a for patent or inventoring date of this application.  Country UK UK  UK  United States provisional Date/Month/Year	any foreign application(s) for ps certificate having a filing date n:  I application(s) listed below.  Filed  CT international applications list applications list applications in the manner pro	e claims, as amended by any y of this application in accordance wi latent or inventor's certificate listed before that of the application on whice  Day/Month/Year Filed 8 May 2001 12 April 2001  sted above or below and, insofar as the solided by the first paragraph of 35 between the filing date of the prior
applica Prior U	tions and the national or P  S./PCT Application(s): ation Serial No.	CT international filing date	e of this application: Day/Month/Year		Status: patented pending, abandoned
flj					
be true impriso applica 8th Floo attorne in the P attorne	and further that these stanment, or both, under Section or any patent issued tor, Arlington, VA 22201-4 bys thereof (of the same ad Patent and Trademark Offic	tements were made with tion 1001 of Title 18 of the hereon. And on behalf of 714, telephone number dress) individually and cose connected therewith are re with the firm and to act	the knowledge that willf e United States Code at the owner(s) hereof, I h (703) 816-4000 (to who llectively owner's/owner and with the resulting pat and rely solely on instri	ul false statements and the like not that such willful false statem ereby appoint NIXON & VAND om all communications are to s' attorneys to prosecute this a ent:  I also authorize Niuctions directly communicated to	information and belief are believed to so made are punishable by fine or ents may jeopardize the validity of the ERHYE P.C., 1100 North Glebe Rdo be directed), and the following pplication and to transact all busines ixon & Vanderhye to delete any from the person, assignee, attorney,
1.	Inventor's Signature:	/4~	<u> </u>	(	Date: 31/1/02 (TAL) United Kingdom
	Inventor:	Andrew	Mark	Nightingale	
	Davidonas, (site)	(first)	MI	(last)	(citizenship)
	Residence: (city) Post Office Address:	Cambridge 26 Martindale Way, Sa	weton Cambridge	(state/country) United K	inguoin
	(Zip Code)	CB2 4BT	wston, Cambridge		
	(Elp Gode)	<u> </u>			
2.	Inventor's Signature:		Date:		Date:
	Inventor:				
	D. 14 (-1)	(first)	MI	(last)	(citizenship)
	Residence: (city) Post Office Address:			(state/country)	
	(Zip Code)		<u>.</u>		
FOR A	DDITIONAL INVENTORS	. check box ☐ and atta	ach sheet with same in	formation and signature and	date for each.